

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

623

Lobbyist's Registration Number

FOR OFFICE USE ONLY

Postmark Date: 1-12-01

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JL 5146  
\$10.00  
KED

1030256

## Instructions

- Print in ink or type.
- Complete form and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Welch Linda K.  
Last First MI

2. BUSINESSPHONE (225) 389 - 9429  
Area Code and Phone Number

3. BUSINESS ADDRESS 729 S. Acadian Thruway, Baton Rouge, LA 70806  
Street and No. City State Zip

MAILING ADDRESS SAME AS ABOVE  
Street and No. City State Zip

4. EMPLOYER HealthCare Solutions, LLC

5. EMPLOYER'S ADDRESS 729 S. Acadian Thruway, Baton Rouge, LA 70806  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Rural Hospital Coalition, Inc.

Address 729 S. Acadian Thruway, Baton Rouge, LA 70806

Business or purpose TEAM ORGANIZATION representing LA's Rural Hospitals

Does this person pay you? Yes

If No, who pays you?

I through contract with HealthCare Solutions, LLC

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1. Name CARSA

Address 729 S. Acadian Thruway, Baton Rouge, La. 70806

Business or purpose TRADE ORGANIZATION of groups serving disabled persons

Does this person pay you? YES \*

If No, who pays you?

\* Through contract with Health Care Solutions, LLC

2. Name HealthCare Solutions, LLC.

Address 729 S. Acadian Thruway, Baton Rouge, La. 70806

Business or purpose Consulting with Health Care providers on reimbursement issues, etc.

Does this person pay you? YES

If No, who pays you?

4. Name \_\_\_\_\_

Address \_\_\_\_\_

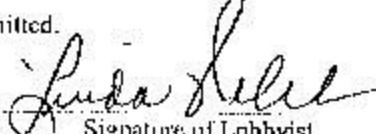
Business or purpose \_\_\_\_\_

Does this person pay you?

If No, who pays you?

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
Signature of Lobbyist

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY